

POS000102372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

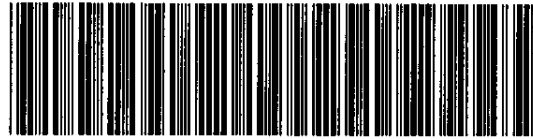
(Business Entity Name)

(Document Number)

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MAR 05 2014
C. CARROTHERS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Partners Trust Inc.
Name of Corporation

DOCUMENT NUMBER: P05000102372

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Sager

Name of Contact Person

Partners Trust

Firm/Company

2360 N. Military Trail STE 112

Address

West Palm Beach, FL. 33409

City/State and Zip Code

Speedytrans3500@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary Holmes

Name of Contact Person

at (**561**) **478-1440**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Partners Trust
2. The principal office address: 2360 N. Military Trail Ste 112
West Palm Beach, FL. 33409
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/20/2005 Document number: P05000102372
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Sager Brain S.

2360 N. Military Trail Ste112

West Palm Beach, FL 33409

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gary Holmes - New Registered Agent

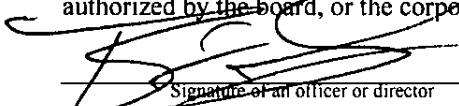
2360 N. Military Trail Ste112

P.O. Box NOT acceptable

West Palm Beach, FL. 33409

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

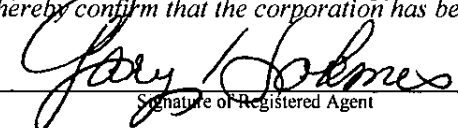


Signature of an officer or director

Brian S. Sager President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

03-03-2014

Date

If signing on behalf of an entity:

Gary Holmes

Typed or Printed Name

***** FILING FEE: \$35.00 *****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA